

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated in Block 1, or as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

23483

7590

01/02/2007

WILMER CUTLER PICKERING HALE AND DORR LLP  
60 STATE STREET  
BOSTON, MA 02109

Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

04/03/2007 HGUTEMA2 00000049 080219 10630239

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

Janice M. Roussel (Depositor's name)  
*Janice M Roussel* (Signature)  
3/28/07 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/630,239      | 07/30/2003  | Pradeep P. Sanghvi   | 107223.167 (US2)    | 9388             |

TITLE OF INVENTION: SUSTAINED RELEASE FORMULATIONS OF METFORMIN

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 04/02/2007 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| SHEIKH, HUMERA N | 1615     | 424-468000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Wilmer Cutler Pickering  
Hale & Dorr LLP  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Penwest Pharmaceuticals Company

Danbury, CT

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-0219 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Colleen Superko*

Date

March 28, 2007

Typed or printed name

Colleen Superko

Registration No.

39,850

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



PTO/SB/21 (09-06)  
Approved for use through 03/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/630,239-Conf. #9388

Filing Date July 30, 2003

First Named Inventor Pradeep P. SANGHVI

Art Unit 1615

Examiner Name H. N. Sheikh

Attorney Docket Number 0107223.00167US2

### ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/  
Incomplete Application

☐ Reply to Missing Parts under  
37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application

☐ Power of Attorney, Revocation  
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication  
to TC

☐ Appeal Communication to Board of  
Appeals and Interferences

☐ Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please  
Identify below):

Part B - Fee(s) Transmittal  
Return Postcard

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name WILMER CUTLER PICKERING HALE AND DORR LLP

Signature *Colleen Superko*

Printed name Colleen Superko

Date March 28, 2007

Reg. No. 39,850



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2006</b> |  | <b>Complete if Known</b> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/630,239-Conf. #9388 |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,700.00  |  | Filing Date              | July 30, 2003          |
|   |  | First Named Inventor     | Pradeep P. SANGHVI     |
|   |  | Examiner Name            | H. N. Sheikh           |
|   |  | Art Unit                 | 1615                   |
|   |  | Attorney Docket No.      | 0107223.00167US2       |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: <u>08-0219</u> Deposit Account Name: <u>Wilmer Cutler Pickering Hale and Dorr LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                             |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments   |

|   |                     |   |                    |                              |                                  |                              |                       |
|---|---------------------|---|--------------------|------------------------------|----------------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                              |                                  |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                              |                                  |                              |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                              | <b>EXAMINATION FEES</b>          |                              |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>                  | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                          | 200                              | 100                          |                       |
| Design  | 200                 | 100   | 100                | 50                           | 130                              | 65                           |                       |
| Plant   | 200                 | 100   | 300                | 150                          | 160                              | 80                           |                       |
| Reissue   | 300                 | 150   | 500                | 250                          | 600                              | 300                          |                       |
| Provisional   | 200                 | 100   | 0                  | 0                            | 0                                | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                              |                                  |                              |                       |
|   |                     |   |                    |                              |                                  | <b>Small Entity Fee (\$)</b> | <b>Fee Paid (\$)</b>  |
| <b>Fee Description</b>  |                     |   |                    |                              |                                  |                              |                       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                              |                                  | 50                           | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                              |                                  | 200                          | 100                   |
| Multiple dependent claims   |                     |   |                    |                              |                                  | 360                          | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b> |                              |                       |
| _____ - 20 = _____  |                     | x _____   | = _____            |                              | <b>Fee (\$)</b>                  |                              | <b>Fee Paid (\$)</b>  |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                              |                                  |                              |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         |                                  |                              |                       |
| _____ - 3 = _____   |                     | x _____   | = _____            |                              |                                  |                              |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                              |                                  |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                              |                                  |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                              |                                  |                              |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         |                                  |                              |                       |
| _____ - 100 = _____   | /50                 | _____ (round up to a whole number) x _____              | = _____            |                              |                                  |                              |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                              |                                  |                              |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                              |                                  |                              |                       |
| Other (e.g., late filing surcharge): 1501 Utility issue fee   |                     |   |                    |                              |                                  | 1,400.00                     |                       |
| 1504 Publication fee for early, voluntary, or normal ...  |                     |   |                    |                              |                                  | 300.00                       |                       |

|                     |                        |                                   |                       |
|---------------------|------------------------|-----------------------------------|-----------------------|
| <b>SUBMITTED BY</b> |                        |                                   |                       |
| Signature           | <i>Colleen Superko</i> | Registration No. (Attorney/Agent) | 39,850                |
| Name (Print/Type)   | Colleen Superko        | Telephone                         | (617) 526-6000        |
|                     |                        | Date                              | <i>March 28, 2007</i> |



Application No. (if known): 10/630,239

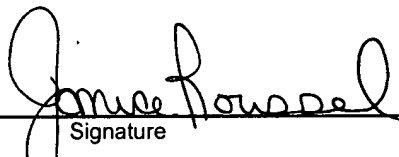
Attorney Docket No.: 0107223.00167US2

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

MS Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 28, 2007  
Date

  
\_\_\_\_\_  
Signature  
Janice Roussel

\_\_\_\_\_  
Typed or printed name of person signing Certificate

\_\_\_\_\_  
Registration Number, if applicable

\_\_\_\_\_  
(617) 526-6000  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal Form  
Part B - Fee(s) Transmittal  
Return Postcard  
Transmittal (1 page)  
Charge \$1,700.00 to deposit account 08-0219